

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>19-JUN-2016</b>		TIME <b>21:04:00</b>	2. ADDRESS OF OCCURRENCE <b>1607 N WASHTENAW AVE CHICAGO, IL 60647</b>			3. LOCATION CODE <b>092</b>	4. BEAT/OCCUR <b>1421</b>	4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO		
<b>MEMBER INVOLVED</b>  <input type="checkbox"/> DNA  <b>SUBJECT INFORMATION</b>	5. POSITION <b>9161</b>	6. LAST NAME <b>CRAVENS</b>	7. FIRST NAME <b>DANIEL L</b>	8. STAR NO. <b>4656</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE <b>600</b>	12. HT. <b>165</b>	13. WT. <b>600</b>	
	14. DATE DF APPT. <b>24-NOV-2003</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>003 4312A</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME <b>DIXON</b>		21. FIRST NAME <b>ANGELO</b>	22. M.I. <b>JR</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>WWH</b>	25. D.D.B. <b>01-JUN-1997</b>	26. HT. <b>502</b>	27. WT. <b>120</b>	
	28. ADDRESS <b>2247 W DIVERSEY AVE CHICAGO, IL 60647</b>			29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None					33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>COOK COUNTY HOSPITAL - STROGER HOSPITAL</b>				
	34. BY WHOM?					35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				
	36. CHARGES PLACED					37. CB NO. [REDACTED]	IR NO. <b>19330167</b>	DNA		
	<b>PASSIVE RESISTER</b> <b>ACTIVE RESISTER</b> <b>ASSAILANT: ASSAULT</b> <b>ASSAILANT: BATTERY</b> <b>ASSAILANT: DEADLY FORCE</b>									
	<b>SUBJECT'S ACTIONS</b>  <input type="checkbox"/> DNA  <b>MEMBER'S RESPONSE</b>  <input type="checkbox"/>		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <u>PDITED GUN AT OFFICER</u> <input type="checkbox"/> PERCEIVED AS _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <u>PDITED GUN AT OFFICER</u> <input type="checkbox"/> PERCEIVED AS _____			
			STIFFENED (DEAO WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____					
OTHER _____										
MEMBER PRESENCE <input checked="" type="checkbox"/>			OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>				
VERBAL COMMANDS <input checked="" type="checkbox"/>			TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>							
ESCORT HOLDS <input type="checkbox"/>			OC CHEMICAL WEAPON <input type="checkbox"/>	CANINE <input type="checkbox"/>						
WRISTLOCK <input type="checkbox"/>			TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>					
ARMBAR <input type="checkbox"/>			TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____				
PRESSURE SENSITIVE AREAS <input type="checkbox"/>			TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____						
CONTROL INSTRUMENT <input type="checkbox"/>			TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>							
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	LRAD WITH AUTHORIZATION <input type="checkbox"/>	OTHER _____								
OTHER _____										
40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	40c. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member						
41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 08 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>					
45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>			46. MODEL <b>21</b>	47. BARREL LENGTH <b>4</b>	48. CALIBER/GAUGE <b>45 CAL</b>					
49. TASER/DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]						
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED <b>Department Issued</b>	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>	58. TOTAL NO. OF SHOTS MEMBER FIRED <b>2</b>						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>0</b>	66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) RUNNING	68. ADDITIONAL INFORMATION <b>POINTED GUN AT OFFICER</b>						
70. ADDITIONAL INFORMATION <b>POINTED GUN AT OFFICER</b>					71. EVENT NO. <b>1617116023</b>	72. RD. NO. <b>HZ314835</b>				

LOG # 1051055

Attachment 1 8

1617116023

70 E/E/N/T  
ON

HZ314835

71 R.D. NO.

NOTIFICATIONS (ALL INCIDENTS):  IMMEDIATE SUPERVISOR  DSS OF DISTRICT OF OCCURRENCE

NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT):  OEMC  CPIC

NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT):  OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

## 40 ADDITIONAL INFORMATION

**POINTED GUN AT OFFICER**

## 73. REPORTING MEMBER (Print Name)

**CRAVENS, DANIEL L**

20-JUN-2016 03:50:52

## STAR/EMPLOYEE NO.

**4656**

## SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

## 74. REVIEWING SUPERVISOR (Print Name)

**ZAHN, DAVID R**

## STAR NO.

**791**

## SIGNATURE

## DATE REVIEWED

## TIME

**20-JUN-2016 03:53:38****Additional discharged weapons:**

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**
 DNA

 REFUSED

 INTERVIEW NOT CONDUCTED (Specify Reason)

Offender in surgery, unable to interview.

**76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

Based upon the facts available at this time, it is the preliminary determination of the undersigned that P.O. Cravens, Daniel #4656 acted in compliance with department policy in that P.O. Cravens #4656 fired his weapon in fear of his life after the offender DIXON, Angelo IR#2043808 pointed a weapon (40 Cal.) in the officers direction, thus placing him in fear of his life.  
 Log #1081059                    U# 16-009

**77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY**

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

**78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION**

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. 1081059 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE-

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

**79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)**

ALEXANDER, DANA

**80.**

TRR

OF

TRR(S)

**81. TOTAL TRR's THIS EVENT No.**

2

SIGNATURE

DATE COMPLETED

TIME

20-JUN-2016 04:14:24